

LIFE COMPANIES INCLUDING ACCIDENT AND HEALTH INSURANCE TAX RETURN

CDI FS-002 (REV 12/2002)

FOR CALENDAR YEAR 2002**TAX DUE DATE APRIL 1, 2003**

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment
Telephone & Fax #			<input type="checkbox"/> Check
State of Domicile			<input type="checkbox"/> EFT

If New Company, check here ☐ If Name Change, check here ☐ If Final Return, check here ☐

STATEMENT OF TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2002

	A. Qualified	B. Nonqualified	C. Total	CDI use only
Annual Tax				
1. Accident and Health Premiums				
2. Life Premiums				
3. Annuity Premiums/Considerations				
4. Total Net Taxable Premiums				
5. Tax Rate	0.50%	2.35%		
6. 2002 Annual Tax				
Credits & Prepayments				
7. Low Income Housing Credit		7.		
8. COIN Credit		8.		
9. Prepayments Made During the Reporting Year of 2002				
a. Overpayment applied from prior year				
b. First Quarter (Balance paid)				
c. Second Quarter				
d. Third Quarter				
e. Fourth Quarter				
f. Total Prepayments		9f.		
10. Total Credits & Prepayments Made			10.	
Tax Due				
11. 2002 Tax Due - If Line 6 of Column C is greater than Line 10			11.	
Tax Overpayment				
12. 2002 Tax Overpayment - If Line 10 is greater than Line 6 of Column C			12.	
The tax overpayment (line 12) may be applied to the 2003 first quarter prepayment and the 2002 retaliatory tax. A Refund MAY NOT be applied to the 2003 second quarter prepayment or any future tax payment.				
1st Quarter Prepayment				
13. 2003 First Quarter Prepayment			13.	
a. 2002 Tax Overpayment applied to the 1st Quarter Prepayment		a.		
b. 2003 First Quarter Prepayment Balance Due			13b.	
Retaliatory Tax				
14. 2002 Retaliatory Tax			14.	
a. 2002 Tax Overpayment applied to the Retaliatory Tax		a.		
b. 2002 Retaliatory Tax Balance Due			14b.	
Tax Refund				
15. Tax Refund			15.	

**TAX
PAYMENTS
DUE
APRIL 1, 2003**

Line 11	2002 Tax Due	
Line 13b	2003 First Quarter Prepayment Balance Due	
Line 14b	2002 Retaliatory Tax Balance Due	
Each Payment must be paid separately and should NOT be combined to make one lump sum payment		

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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, _____, _____
Type or print Name Type or print Title
of _____,
Type or print Name of Company

hereby declare under the penalties of perjury that this return (including accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature Date City State

SPACE FOR NOTARY

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different than Page 1

Mailing Address Phone: _____

City, State, Zip Fax number of
Contact Person: _____

E-Mail

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SCHEDULE A - ACCIDENT AND HEALTH PREMIUMS

1. Direct Premiums (Sch. T, Line 5, Col. 4) 1. _____

2. ADD (if excluded from Line 1)
 - 2.1 Finance and service charges not included in premiums 2.1 _____
 - 2.2 Administrative and/or service fees received 2.2 _____
 - 2.3 Orphan Premiums * 2.3 _____
 - 2.4 Amount of Claim Payments made for employees under
"minimum premium" (mini-met) group contracts 2.4 _____
 - 2.5 Other (Be specific) 2.5 _____

3. Total of Lines 1 through 2.5 3. _____

4. DEDUCT (if included in Line 1)
 - 4.1 Dividends paid or credited to policyholders 4.1 _____
 - 4.2 Employee Benefit Plan contributions for company's own employees ** 4.2 _____
 - 4.3 Other (Be specific) 4.3 _____

5. Total of Lines 4.1 through Line 4.3 5. _____

6. Line 3 less Line 5. Forward to Page 1, Line 1, Column B. 6. _____

* California domiciled companies only.

** Contributions for employees of affiliated companies are not deductible.

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SCHEDULE B - LIFE PREMIUMS

	Column A Qualified	Column B Nonqualified	Column C Total
1. Life Insurance Premiums (Pursuant to NAIC Annual Statement Instructions) *			
2. Orphan Premiums **			
3. Fees, Refunds, etc. not directly paid to creditor on Credit Life policies			
4. Fees and Charges paid directly by policyholder			
5. Other (Be Specific)			
6. Total of Lines 1 through 5			
DEDUCT			
7. Waiver of Premiums			
8. Employee Benefit Plan contributions for company's own employees in California ***			
9. Dividend Deductions			
9a. Paid in cash or left on deposit			
9b. Applied to renewal premiums			
10. Other (Be specific)			
11. Total Deductions (Sum of Lines 7 through 10)			
12. Net Taxable Premiums (Line 6 less Line 11)			
Forward totals of Columns A and B to Page 1, Line 2, Columns A and B.			

* The amount on Line 1, Column C on this page should reconcile to Schedule T.

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SCHEDULE C - ANNUITY PREMIUMS & OTHER CONSIDERATIONS

	Column A Qualified	Column B Nonqualified	Column C Total
1. Front-End basis:			
1a. Funds accepted (including dividends applied) for annuity premiums			
1b. Other fees/charges paid directly by the policyholder			
1c. Funds received for purchase of immediate annuity contracts			
1d. Orphan Premiums*			
2. Back-End basis:			
2a. Total gross amount accumulated which annuitized in reporting year (documentation required per instructions)			
3. Orphan Premiums *			
4. Other Considerations (Col. 6, Sch. T)			
5. Gross Taxable Annuity Premiums (Sum of Line 1 through 4)			
Deduct:			
6. Funds returned prior to annuity commencement date Front-end basis only.			
7. Other (Be specific)			
8. Total of Lines 6 and 7			
9. Net Taxable Annuity Premiums & Other Considerations (Line 5 less Line 8)			
Forward totals of Line 9, Columns A and B to Page 1, Line 3, Columns A and B.			

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Schedule C - Section I**FUNDS CONSIDERED AS "GROSS PREMIUMS RECEIVED" WHEN ORIGINALLY ACCEPTED ON THE "FRONT-END" BASIS**

Item	Annual Statement and Separate Accounts Reference			
	Page #	Line #	Nationwide(a)	California(b)
1. Total Funds on Hand as of 12/31/01:				
2. Increase in funds during the year:				
2a. Total funds accepted:				
2b. Gross income, interest, and dividends				
2c. Other fees and charges paid directly by the policyholder				
2d. Other (Be specific)				
3. Sum of Lines 1 through 2d:				
4. Decrease in Funds during 2002:				
4a. Funds returned prior to annuity commencement date; exclude interest applied, and any surrender fees.				
4b. Funds returned prior to annuity commencement date in excess of original funds accepted (e.g. interest)				
4c. Funds applied to purchase annuities				
4d. Funds applied to pay Death, Disability and other benefits.				
4e. Funds applied to Administrative fees, and/or other charges				
4f. Other (Be specific)				
4g. Total of 4a through 4f				
5. Total Funds on Hand as of 12/31/02				
Excess of Line 3 over Line 4g				

NOTE: ALL COMPANIES REPORTING ANNUITY PREMIUMS ON THE "FRONT-END" BASIS MUST COMPLETE THIS SCHEDULE.

** California Column for informational purposes to reconcile amounts reported. **

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Schedule C - Section II**FUNDS CONSIDERED AS "GROSS PREMIUMS RECEIVED" WHEN APPLIED TO PURCHASE ANNUITIES ON THE "BACK-END" BASIS**

Item	Annual Statement and Separate Accounts Reference			
	Page #	Line #	Nationwide(a)	California(b)
1. Total Funds on Hand as of 12/31/01				
2. Increase in funds during the year:				
2a. Total funds accepted				
2b. Gross income, interest, and dividends				
2c. Other fees and charges paid directly by the policyholder				
2d. Other (Be specific)				
3. Sum of Lines 1 through 2d:				
4. Decrease in Funds during 2002:				
4a. Funds returned prior to annuity commencement date; exclude interest applied, and any surrender fees.				
4b. Funds returned prior to annuity commencement date in excess of original funds accepted (e.g. interest)				
4c. Funds applied to purchase annuities				
4d. Funds applied to pay Death, Disability and other benefits.				
4e. Funds applied to Administrative fees, and/or other charges				
4f. Other (Be specific)				
4g. Total of 4a through 4f				
5. Total Funds on Hand as of 12/31/02				
Excess of Line 3 over Line 4g				

NOTE: ALL COMPANIES REPORTING ANNUITY PREMIUMS ON THE "BACK-END" BASIS MUST COMPLETE THIS SCHEDULE.

** California Column for informational purposes to reconcile amounts reported. **

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SCHEDULE D -- RETALIATORY TAX RETURN

Note: This schedule must be completed by all insurers who are not domiciled in California

Part I

	A & H	Life	Annuity	Total
1. Gross Premiums				
2. Allowable Deductions				
3. Total Taxable Premiums				
4. Tax Rate - State of Domicile				
5. Annual Tax Due				
6. Annual Statement Fee - State of Domicile				
7. Certificate of Authority - State of Domicile				
8. Certification Fee - State of Domicile				
9. Agents Lic. Fee (No. of Agents X Fee)				
10. Other (Be specific)				
11. Total State of Domicile Imposition (Sum of Lines 5 through 10)				

Part II

1. Premium Tax	
2. Annual Statement Fee*	\$324.00
3. Certificate of Authority*	\$327.00
4. Bureau of Fraudulent Claim Assessment*	\$1,300.00
5. Agents Lic. Fee (No. of Agents X Fee)	
6. Other (Be specific)	
7. Total California Imposition (Sum of Lines 1 through 6)	

8. 2002 Retaliatory Tax

If amount on Part II, Line 7 is greater than Part I, Line 11,
enter zero on Part II, Line 8 above.

If amount on Part I, Line 11 is greater than Part II, Line 7,
enter difference between the amounts on Part II, Line 8 above.

Enter result of Part II, Line 8 calculation on Page 1, Line 14.

*For reporting purposes only. Separate invoice will be sent.

Attach a copy of the 2002 State of Domicile Tax Return and 2002 Schedule T and California State Page
to this return.